



REQUEST FOR REINSTATEMENT AND RETURN TO NURSING PRACTICE

1. I, _____ am requesting to have my license reinstated so that I may return to nursing practice.
2. I understand that my request will not be considered unless I have obtained an evaluation from a Board-approved evaluator within thirty (30) days of this request. The evaluator shall send the report directly to ArNAP staff and specifically advise if I am, or am not able to engage in safe practice and recommend the conditions, if any, under which safe practice could occur.
3. I understand that if I have been diagnosed with a substance use disorder, I shall comply with the following:
 - Demonstrate ninety (90) days of one hundred percent (100%) compliance with drug screening requirements; or
 - Completion of a minimum of ninety (90) days of treatment recommendations; or
 - Both.
4. I understand that if I am reinstated, I will only be issued a single-state license.
5. I understand that prior to beginning employment, ArNAP staff shall either meet or conduct a conference call with my employer and supervisor to discuss any work requirements and restrictions.
6. I understand that I am required to provide a copy of my ArNAP Contract to my employer.

I understand that failure to comply with any of my ArNAP terms and conditions, including the above requirements, may result in additional terms and conditions of my ArNAP Contract, or termination from ArNAP and a referral to the Board for potential disciplinary action.

(Print Name)

(ArNAP Staff Signature and Date)

(Participant Signature)

(Date)